Trauma-Informed Physical Assessment

TRAUMA-INFORMED, RESILIENCE-ORIENTED AND EQUITABLE SCREENING AND ASSESSMENT TRAINING SERIES
Today’s Presenter

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Pronouns: She/Her/Hers
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One person talks at a time, do not interrupt what happens in group stays in group.
Moment to arrive
Overview

• Understand the components of a trauma-informed physical exam
• Manifest safety through prioritization of conversation and attunement
• Explore the elements of collaborative documentation
A trauma-informed program, organization, or system:

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** signs and symptoms of trauma in patients, families, staff, and others involved in the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures and practices
- **Resists** by actively resisting re-traumatization
Physical Examination

GOAL

Establish trust, reinforce care

Exposure to shame, vulnerability

Safe, comfortable experience for all clients, including those with a history of trauma
I blanked out during the exam. I don’t know what happened. I’m not sure what the doctor did or didn’t do.

I’m just a little jumpy when people come close to me.

The doctor was lingering way too long when touching me.
What Does Trauma Look Like?

Cannot assume who has experienced traumatic stress. The best way to identify trauma exposure is to ask!

Signs of trauma may include:

- **Avoidance of procedures** (Pap smear, colonoscopy, dental care)
- **Vague, generalized symptoms** (chronic headache, pelvic pain)
- **Appearing nervous or distracted during visit**
- **Non-adherence to treatment**
Trauma-Informed Physical Exam

Before
• Set the stage for a sensitive exam

During
• Perform a sensitive exam

After
• Provide sensitive closure
Before the Exam
Before the Exam

Check non-verbals
Set an agenda
Make it standard
Identify concerns
Ask about comfort
Offer chaperone
Before the Exam

Check non-verbals
Set an agenda
Make it standard
Identify concerns
Ask about comfort
Offer chaperone
Non-Verbals

Speak clearly, slowly, and at an appropriate volume
Appear engaged, pleasant and calm
Maintain appropriate eye contact
Sit/stand at eye level with the patient
Avoid sudden movements
Keep hands outside of pockets
Pay attention to patient cues (i.e. tensing muscles, fidgeting, breathing quickly, flushing, crying, trembling, appearing distracted or spaced out)
What Should I Do If...

If the patient exhibits or vocalizes discomfort, pause the exam
Speak in a calm, caring manner
Avoid sudden movements
Reassure patient that they are safe
Remind patient where they are
Explain what you are doing and why
Offer water, a washcloth, and/or an additional drape
Consider changing environment (e.g. move to a different room)
What Should I Do If...

You seem anxious. Is there something you are uncomfortable with?

I’m noticing that you are tensing up. Is there something I should know?

Do you have difficulty when someone touches your knees?
Before the Exam

- Check non-verbals
- Set an agenda
- Make it standard
- Identify concerns
- Ask about comfort
- Offer chaperone

I’d like to transition to the physical exam. We will be doing a pulmonary exam today, so I will be listening to the lungs. This exam should take about 5 minutes.
Before the Exam

Check non-verbals
Set an agenda
Make it standard
Identify concerns
Ask about comfort
Offer chaperone

This is something that I do with all of my patients who come in with symptoms of a cold.
Before the Exam

Check non-verbals
Set an agenda
Make it standard
Identify concerns
Ask about comfort
Offer chaperone

Are there questions or concerns we should address before the exam?
Before the Exam

Check non-verbals
Set an agenda
Make it standard
Identify concerns
Ask about comfort
Offer chaperone

Is there anything I can do to make you more comfortable?
Before the Exam

Check non-verbals
Set an agenda
Make it standard
Identify concerns
Ask about comfort
Offer chaperone

Would you like anyone else to be present for the exam?
During the Exam
During the Exam

Attend to draping and modesty
Introduce exam components
Explain why
Ask permission
Stay within eyesight
Respect personal space
Use simple, clinical language
Check in
Use professional touch
Be efficient
During the Exam

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Explain why
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Use professional touch
Be efficient

In order for me to do an accurate exam of the lungs, I’ll need to listen with my stethoscope directly on the skin.
During the Exam

Attend to draping and modesty
Introduce exam components
Explain why
Ask permission
Stay within eyesight
Respect personal space
Use simple, clinical language
Check in
Use professional touch
Be efficient

I’m going to leave the room and allow you to change. Please remove the shirt, and you can keep the bra on. Here’s a gown for you to wear; it opens in the back. I’ll be back in a few minutes. I’ll knock before I come in.
Draping and Modesty

Give clear, specific instructions

Refer to the “gown” (what the patient wears) and the “drape” (the sheet over their lap)

If possible, provide fabric gowns in a variety of sizes, as patients feel this preserves their dignity more than paper gowns

Patient moves their own gown and/or drape when possible

Allow patients to wear clothing on body parts that are not being examined (e.g. keep pants on for an ankle exam)

For a limited exam, consider asking patient to move their clothing rather than disrobing (e.g. patient lifts back of shirt up to reveal a skin lesion on the lower back)
Draping and Modesty

Privacy when undressing (may use curtain and/or door)
Expose only the minimum body surface area required at any given time
Do not assume that all men are comfortable baring a full chest
Provide tissues as needed following a pelvic or rectal examination where lubrication is used
Patient re-dresses privately once exam is finished
Knock before re-entering the room, ensuring an affirmative patient response before opening the door (e.g. “all set”)

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During the Exam

Attend to draping and modesty

Introduce exam components

Explain why

Ask permission

Stay within eyesight

Respect personal space

Use simple, clinical language

Check in

Use professional touch

Be efficient

I am now going to listen to the lungs, using my stethoscope.
During the Exam

Attend to draping and modesty
Introduce exam components

Explain why
Ask permission
Stay within eyesight
Respect personal space
Use simple, clinical language

Check in
Use professional touch
Be efficient

This is important because we need to see if you have pneumonia, which is an infection of the lungs.
During the Exam

Attend to draping and modesty
Introduce exam components
Explain why
Ask permission
Stay within eyesight
Respect personal space
Use simple, clinical language
Check in
Use professional touch
Be efficient

May I open the gown from the back slightly, in order to get a better listen to the lungs?
During the Exam

Attend to draping and modesty
Introduce exam components
Explain why
Ask permission
Stay within eyesight
Respect personal space
Use simple, clinical language
Check in
Use professional touch
Be efficient

I’m going to stand at your side.
Stay Within Eyesight
Stay Within Eyesight
Stay Within Eyesight
Stay Within Eyesight
During the Exam

Attend to draping and modesty
Introduce exam components
Explain why
Ask permission
Stay within eyesight
Respect personal space
Use simple, clinical language
Check in
Use professional touch
Be efficient
Respect Personal Space
Respect Personal Space
Respect Personal Space
Respect Personal Space
During the Exam

- Attend to draping and modesty
- Introduce exam components
- Explain why
- Ask permission
- Stay within eyesight
- Respect personal space
- Use simple, clinical language
- Check in
- Use professional touch
- Be efficient

With the mouth open, take some deep breaths in and out.
Simple, Clinical Language

Easy to understand
Avoids medical jargon
Cautious with imagery; you never know what might be triggering
Avoids all possible sexual connotation
Minimizes power differential between patient and provider
Accommodates patients who speak other languages
Word choice is professional, not personal
Simple, Clinical Language

“Your”
“Butt”
“Bed”
“Provocative tests”

“The”
“Bottom”
“Exam table”
“Additional tests”
Simple, Clinical Language

“Normal”
“Stirrups”
“That looks good”

“Healthy”
“Foot rests”
“That looks healthy”
Simple, Clinical Language

“I want to”  
“Look at”  
“Feel”, “Touch”

“I am going to”  
“Inspect”  
“Examine”, “Evaluate”
Simple, Clinical Language

“Don’t let me”
“Push me away”
“Push my finger out”
“Put up your arms like you’re going to fight”

“Resist this motion”
“Push forward”
“Bear down”
“Bend the elbows”
Simple, Clinical Language

“Pretend you’re at the beach”
“Relax. Relax. Relax!”

“Some find it helpful to a deep, relaxing breath”
“Allow the knees to relax”
Simple, Clinical Language

“For me”
“Swallow for me”

(none)

“I’m going to place my hands on the neck to examine the thyroid. When you can, please swallow.”
During the Exam

Attend to draping and modesty
Introduce exam components
Explain why
Ask permission
Stay within eyesight
Respect personal space
Use simple, clinical language
Check in
Use professional touch
Be efficient

How are you doing?
During the Exam

Attend to draping and modesty
Introduce exam components
Explain why
Ask permission
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Respect personal space
Use simple, clinical language
Check in
Use professional touch
Be efficient

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Professional Touch

Consider a firm touch on the shoulder when...

• reaching behind a patient (e.g. to grab an otoscope) so they still know where you are
• Auscultating the posterior lung fields, to avoid surprise of touch

Prior to an internal vaginal/rectal exam: “You’re going to feel my hand on the thigh/buttocks”

Prepare patients for different sensations:
• “This is a tuning fork that will feel like a vibration”
• ”The speculum may feel cold”
During the Exam

Attend to draping and modesty
Introduce exam components
Explain why
Ask permission
Stay within eyesight
Respect personal space
Use simple, clinical language
Check in
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Be efficient

That concludes the exam. I’m going to step out now, and you can get dressed. I’ll be back in a few minutes so that we can discuss your results and come up with a plan together. I’ll knock before I come in.
Be Efficient

Inform patient how long an exam will take beforehand

Avoid keeping BP cuff inflated for too long, as it can resemble a restraint

Take breaks during any exam where mouth is in fixed, open position, to avoid triggering memories of prior abuse

Ask the patient to show you a genital lesion; taking time to find it yourself may take too long and can be uncomfortable for patient and provider
After the Exam
After the Exam

Express thanks
Discuss results
Ask for questions
After the Exam

Express thanks
Discuss results
Ask for questions

(Knock knock). All set?
After the Exam

Express thanks
Discuss results
Ask for questions

Thanks very much for coming to this appointment and for helping me perform a thorough physical exam.
After the Exam

Express thanks
Discuss results
Ask for questions

The lungs sound clear, which is good news. You do not need a chest x-ray, and you do not have pneumonia.
After the Exam

Express thanks
Discuss results
Ask for questions

(Alternatively), I did hear some crackling noises over the right side of the lungs. We sometimes hear this in patients with pneumonia. I’ll discuss this with my mentor. We might get a chest x-ray, just to be sure.
After the Exam

Express thanks
Discuss results
Ask for questions

What questions do you have?
BEFORE the exam:
• Check non-verbals
• Set an agenda
• Make it standard
• Identify concerns
• Ask about comfort
• Offer chaperone

DURING the exam:
• Attend to draping and modesty
• Introduce exam components
• Explain why
• Ask permission
• Stay within eyesight
• Respect personal space
• Use simple, clinical language
• Check in
• Use professional touch
• Be efficient

AFTER the exam:
• Express thanks
• Discuss results
• Ask for questions
Questions & Answers